Sisseton Wahpeton Oyate American Rescue Plan (ARP) Covid-19 Vaccination Application Instructions PO Box 509, Agency Village SD 57262 Phone: 605-698-8440 or 605-698-8441

Email: swocovidemergencyapp@swo-nsn.gov

CHILD OR DEPENDENT ADULT APPLICATION INSTRUCTIONS:

(These instructions are to assist you in fully completing this application)

- Page 1 must be filled out completely
- Complete mailing address and phone number
- Question #5 MUST initial all 5 statements
- Page 2 must sign and date

DOCUMENTS THAT MUST BE ATTACHED WITH THE APPLICATION:

- Valid documentation to verify the facts in Question #5
- Proof of SWO tribal enrollment for minor child or dependent adult
- Valid tribal or state ID card or driver's license showing child/dependent adult's residence within the Sisseton IHS service area.
- Current lease, utility bill, school record, or other valid document showing child/dependent adult's name and their residence within the Sisseton IHS service area.
- Covid vaccination immunization record issued by the IHS, State Department of Health, or medical provider showing the child/dependent adult's name, date(s), and place(s) they received the vaccine and number of doses. For two-dose vaccines, the child/dependent adult must have received both doses to qualify.

Please return your completed application to the Covid EFA office (boxes are located outside of the Tribal Chairman's receptionist office and at the east public entrance doors). You can also email your completed application and supporting documents to the email address listed above. **We will not accept faxed applications.**

Due to the Privacy Act, the Covid EFA staff cannot discuss another applicant's application/payment with anyone other than the applicant unless the required documentation for custody, notarized Power of Attorney, and/or legal guardianship for minor children or dependent adult(s) has been submitted.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED FOR PAYMENT